



**Wednesday, June 16, 2021
Virtual General Session
Meeting Summary**

FICEMS Members in Attendance

Department of Defense

Elizabeth R. Fudge, MSN, MPH, FNP Executive Officer, Office of the Assistant Secretary of Defense for Health Affairs

Department of Health and Human Services

Jonathan Greene, Deputy Assistant Secretary for Preparedness and Response and Director of the Office of Emergency Management and Medical Operations

Darrell LaRoche, Director, Office of Clinical and Preventive Services, Indian Health Service

Theresa Morrison-Quinata, EMS for Children Branch Chief, Maternal and Child Health Bureau Division of Child, Adolescent, and Family Health, Human Resources & Services Administration

Michael F. Iademarco, MD, Director, Center for Surveillance, Epidemiology, and Laboratory Science, Centers for Disease Control and Prevention

Department of Homeland Security

Pritesh Gandhi, MD, Chief Medical Officer, Countering Weapons of Mass Destruction Office, Emergency Medical Services Program

Richard Patrick, Director, National Fire Programs Directorate, US Fire Administration

Department of Transportation

Steven Cliff, PhD, Acting Administrator, National Highway Traffic Safety Administration

Federal Communications Commission

David Furth, Deputy Chief, Office of the Bureau Chief, Public Safety and Homeland Security Bureau

State EMS Directors

Steve McCoy, EMS Bureau, Florida Department of Public Health

FICEMS Staff in Attendance

Office of EMS, Department of Transportation

Jon Krohmer, MD, Director

Dave Bryson, EMS Specialist

Eric Chaney, EMS Specialist

Kate Elkins, EMS Specialist

Clary Mole, EMS Specialist

Gamunu Wijetunge, EMS Specialist

Welcome, Introductions, Opening Remarks

Pritesh Gandhi, MD, Chief Medical Officer, Department of Homeland Security, Chair of FICEMS

Dr. Gandhi opened the general session at 1:00 p.m. ET and welcomed FICEMS members, other participants, and the online audience. He asked each FICEMS member to introduce themselves and thanked all EMS and first responders who were attending virtually. Over the past 15 months, the national EMS and 911 community has faced overwhelming challenges. Dr. Gandhi thanked them for their courage, persistence, and resilience on behalf of the nation.

He noted that all written questions and those submitted electronically would be recorded along with the responses and posted to FICEMS website (www.ems.gov).

Review and Approval of December 3, 2020, FICEMS Meeting Summary

Jon Krohmer, MD, Director of the Office of EMS, NHTSA

A motion to approve the general meeting summary of the December 3, 2020 FICEMS meeting carried unanimously.

Department of Defense Update

Office of the Assistant Secretary of Defense for Health Affairs

Elizabeth R. Fudge, MSN, MPH, FNP Executive Officer

Mark Gentilman, MD, from the DOD provided the reports for each of the Armed Services.

He reported that Army EMS continues to provide site assessments of installations in the US and has completed 26 visits. The team is reviewing best garrison and training programs across local, regional, and national sites to ensure that best practices are employed across all Army installations.

The Navy is continuing to monitor EMS personnel as the rate of COVID cases declines and bases are reopening. They are revising EMS protocols and looking to certify EMS providers under the National Registry of Emergency Medical Technicians.

The Air Force has created the position of EMS Consultant to the Air Force Surgeon General. Similar positions exist in the other service branches, and this individual will have a close link between EMS and top administrators.

Department of Health and Human Services Update

Health Resources and Services Administration

Theresa Morrison-Quinata, EMS for Children Branch Chief, Maternal and Child Health Bureau Division of Child, Adolescent, and Family Health

Ms. Morrison-Quinata thanked the EMS community for responding to the HRSA EMS for Children (EMSC) assessments that began in January 2021. They completed the assessment that launched in January and ended in March thanks to the support from grantees. The assessment was designed to examine whether or not there was a pediatric emergency care coordinator in prehospital agencies and whether or not a process was in place to routinely examine EMS provider competency with pediatric equipment. Data results have been released to all 50 states and territories and will be published very soon.

Through the support of the American Academy of Pediatrics, the American College of Emergency Physicians, and the Emergency Nurses Association, HRSA was able to launch the National Pediatric Readiness Assessment. The program works with hospitals to assess their readiness to care for children and will continue through mid-July. Ms. Morrison-Quinata encouraged hospitals and the EMS community to complete the assessment so HRSA can continue to identify gaps in pediatric care.

Assistant Secretary for Preparedness and Response

*Jonathan Greene, Deputy Assistant Secretary and
Director, Office of Emergency Management and Medical Operations*

Mr. Greene reported that this week is the first time in over a year that the Office of the Assistant Secretary for Preparedness and Response (ASPR) has not had any disaster medical assistance team members in the field responding to COVID issues. The teams are currently preparing for hurricane season.

The National Disaster Medical System is currently hiring clinicians, including paramedics, and all open positions are posted for applications.

An in-person tactical operations course was held last week and had 55 graduates from 35 different agencies (e.g., law enforcement, fire service, non-profit EMS providers). The course is the primary tool for training tactical EMTs.

He also reported that ASPR has agreements with a number of law enforcement agencies on the federal level for tactical EMS support. The organization continues to engage partners in the District of Columbia following the January 6, 2021 attack on the US Capitol. Their efforts extend beyond the National Capital Region to other Department of the Interior and Bureau of Land Management events across the country.

Indian Health Services

Darrell LaRoche, Director, Office of Clinical and Preventive Services

Mr. LaRoche explained that the IHS is the federal health program for American Indians and Alaska natives. They have a unique situation since the Indian Self-Determination and Education Assistance Act allows tribes to enter contracts or receive grants to run programs. Most programs are operated by tribal partners, but several are operated by the federal government. Mr. LaRoche thanked the tribal EMS staff for their tireless efforts during COVID. These particular EMS providers served some of the hardest hit areas during the pandemic.

The IHS hired a full-time nurse to serve as the EMSC Coordinator. They are also working with HRSA to provide initiatives regarding interactions between prehospital and emergency departments (EDs). During the past year, the organization was able to implement training program for some EDs to ensure that they are ready to take care of pediatric emergencies.

The community health aide program has been operating in Alaska since the 1960s and was recently approved for expansion into the lower 48 states. The program will include behavioral health aides, dental health aides, and community health aides. The community health aide program will be similar to the community paramedicine program. The entry level qualifications for these positions include EMT, and these positions will provide an excellent opportunity for tribal members to obtain additional skills and help out their communities. He anticipates that certification of community health aides will occur over the next year.

Centers for Disease Control and Prevention

Michael F. Iademarco, MD, Director, Center for Surveillance, Epidemiology, and Laboratory Science

Dr. Iademarco noted that COVID has occupied the CDC leadership over the past 6 months and many lessons have been learned. The emergence of new variants is cause for concern and he emphasized that the pandemic is not over. A current area of focus includes how the US can contribute to international efforts to control the pandemic. Additionally, many preparedness activities are underway for the upcoming fall and winter.

Dr. Iademarco highlighted the support that the CDC received this past year from HHS partners. He also praised the incredible collaboration that occurred throughout the federal government to provide the COVID response including work among the DOD, Air Force, laboratory systems, data science, data informatics, data systems, and other partners.

An initial challenge to the COVID response was having inadequate data gathering and analysis systems. Additional resources have been provided for data modernization initiatives. He pointed out the importance of being able to connect electronic medical record (EMR) data to public health data since COVID data was flowing from most states through EMRs. This information was critical in directing CDC efforts during the pandemic.

Both Presidential administrations prioritized data modernization efforts which will impact CDC and other HHS agencies. A need exists, however, to continue examining how health and public health sector data flow from EMS data. This was an important topic in the last 2 in-person FICEMS meetings and Dr. Iademarco would like to revitalize those efforts. He would like to examine the ongoing vision for this type of work to ensure alignment, to assess currently available resources, and to examine whether they are optimally taking into account data connections and flow from an EMS perspective.

Centers for Medicare and Medicaid Services

The position is currently vacant, and no update was provided.

Department of Homeland Security Update

Countering Weapons of Mass Destruction Office

Pritesh Gandhi, MD, Chief Medical Officer, EMS Program

Cameron Hamilton, EMS Branch Chief provide the update and reported that the main objectives of the DHS EMS system are to:

1. Improve the medical outcomes of those receiving care by DHS EMS prehospital providers
2. Provide medical oversight and standardization to the department and its EMS resources under one DHS EMS framework
3. Effectively represent DHS to federal, state, local, tribal, and territorial stakeholders on first responder and EMS medical matters

He shared that as part of ongoing quality assurance/quality improvement efforts they are enhancing training opportunities for prehospital providers by partnering with trauma centers and academic institutions to ensure that providers can meet or exceed industry standards of prehospital care.

DHS is also enhancing EMS preparedness and revitalizing trainings, including PHOENIX training, to provide educational opportunities for managing atypical emergencies in unique environments. Finally, working on federal portability of licensure is a top priority so that providers can work across states. Licensing traditionally has been granted by individual states and DHS is working so that providers can provide care across states when needed.

United States Fire Administration

Richard Patrick, Director, National Fire Programs Directorate

Mr. Patrick reported that the USFA is legislatively charged to collect data from fire department responses across the country. They conduct research and provide prevention information, which includes injury information related to fire and other community risk hazards. The USFA also provides stakeholder training, including EMS education and disaster preparedness best practices.

Sixty to 70% of all fire department responses in US are EMS responses. The organization works closely with colleagues at NHTSA and with NEMSIS to collaborate on data sharing and decision making. In March 2020 they launched a study in the National Fire Incident Reporting System that targeted real time data collection. To date, they have collected more than 7.9 million response documents in the COVID response by fire response entities. Detailed information about the study and data are available in the COVID section of the website (www.usfa.fema.gov).

Mr. Patrick also shared that they remain active in COVID response activities through work with the Healthcare Response Working Group (HRWG) at NHTSA. Fire personnel are still deployed in the COVID response through the FEMA deployment system.

He also shared other ongoing activities including:

- Providing 17 EMS programs offered on-site at the National Fire Academy training facility in Emmitsburg, Maryland, through state delivery programs and online programs

- Numerous EMS programs and research efforts
- Revising the EMS Medical Directors Handbook
- Engaging in an EMS responder safety study
- Revising the EMS and Fire Service guidebook (3rd revision), which is the most requested document by Congressional members from the USFA
- Creating a Fire and EMS Civil Unrest Guide
- Creating an emergency services fire and EMS ergonomics and wellness manual

He reported that they continue to focus efforts on how they need to adjust their response and practices as a result of climate changes. Droughts, floods, fires, and fire patterns have been slowly gravitating over the past several decades but have been changing exponentially in the past few years. We are analyzing the impacts to EMS and working on how to address those.

Dr. Gandhi added that we are excited about opportunities to work together on efforts related to climate change and that topic is well received. At the DHS Office of the Chief Medical Officer, they are tasked with thinking through the medical and public health impacts of climate changes on operations, including EMS operations.

Department of Transportation Update

National Highway Traffic Safety Administration

Steven Cliff, PhD, Acting Administrator, NHTSA

Dr. Cliff recognized all the federal partners who collaborated during the COVID public health crisis to provide ongoing care. He pointed out that the civilian EMS community came together in profound ways at the local and federal level, and he thanked all EMS personnel. The pandemic placed an enormous emotional toll on them and their families as they endured the risk of exposure and ongoing quarantines.

Dr. Cliff shared that far too many EMS professionals were lost during the pandemic and expressed heartfelt condolences to their families. The tally of lives lost included:

- 75 EMS providers
- 18 telecommunicators
- 429 law enforcement personnel
- 125 fire fighters

Ongoing challenges include the financial stress the pandemic has placed on the overall EMS system.

Federal Communications Commission Update

Public Safety and Homeland Security Bureau

David Furth, JD, Deputy Chief, Office of the Bureau Chief

Mr. Furth explained that Congress passed legislation in 2018 to support the creation of a three-digit telephone number for the National Suicide Hotline in an effort to make it more accessible during a crisis. The number selected by the FCC was 988 after public deliberation and FCC

coordination with HHS and the Veterans Administration. All service providers will be required to support 988 voice calls by July 2022. Since texting is the predominant means of communications among some demographics, the Commission further proposed in April 2021 to extend the availability of 988 to accept text messages. The proposal is posted for public and service provider comment. If the proposal is adopted all service providers would be required to support text messaging to 988 by July 2022.

Mr. Furth reported that the FCC continues to work on communications safety with service providers to ensure that they provide accurate location information to 911 call centers, especially for 911 calls from cell phones. Location information may extend to which floor in a particular building a 911 call is originating.

Additionally, he shared that the FCC continues to work on improving the effectiveness of wireless and broadcast emergency communication systems so that they are more reliable and resilient during hurricanes, pandemics, fires, and other disasters.

State EMS Directors Update

State EMS Directors Update

Steve McCoy, EMS Bureau, Florida Department of Public Health

Mr. McCoy commended local EMS agencies who have demonstrated incredible resolve during all of the challenges of this past year amidst uncertainty about their own safety. He thanked federal partners for their collaboration with the states, including the weekly meetings with the Office of EMS and assistance from NEMSIS.

Areas of focus for the upcoming year include:

- hurricane preparedness for affected areas
- preparations for the next pandemic
- monitoring the impacts of EMS systems with law enforcement partners
- Drafting programs for behavioral issues encountered in the field

Mr. McCoy explained that they are seeing sporadic reports in some states of paramedic shortages following the pandemic and are looking for ways to address this. He added that state EMS offices will need substantial assistance to address the shortages and he is concerned about adequate federal funding.

Discussion

Dr. Krohmer provided follow-up comments to Mr. McCoy's report. He stated that the FICEMS executive committee plans to discuss the behavioral health issues associated with law enforcement engagement and the stress it is putting on the relationship between the EMS community and law enforcement. Additionally, the use of ketamine is leading to some confusion in the community and the EMS community needs to continue to monitor this issue.

Dr. Krohmer added that federal agencies are going to be working with the EMS community to

determine ways to address the EMS clinical shortages in both the volunteer and career sectors. This will include examining volunteer recruitment and retention issues. He expressed concern over the increased incidence of violence against EMS providers when they are in the community providing patient care. All these issues are very important topics that the executive committee will continue to aggressively tackle with TWGs and staff.

Dr. Gandhi added that the DHS is seeing an increase in demand for EMS providers at the federal level similar to what state partners are observing.

2:00-2:10 Break – 10 minutes

NHTSA Office of EMS Projects Updates

COVID-19 Response Update

Kate Elkins, EMS Specialist, NHTSA OEMS

Ms. Elkins reported that a key goal was to ensure the resilience of EMS response capabilities throughout the US and to ensure that EMS has the resources needed. The COVID-19 response team consists of 27 federal employees with EMS/911 subject matter expertise and represents a vast range of federal agencies. The issues they focused on were:

- PPE: working to get better integration of supply chains to ensure the correct PPE was available.
- Funding: reimbursement was significantly reduced due to reduced call volumes during the pandemic. This highlighted the need for changes in the EMS reimbursement system. Emergency triage, treatment, and transport (ET3) will hopefully help address this but even more timely changes are needed.
- Vaccine access: ensuring adequate supply to vaccinate EMS staff. EMS providers were key administrators of vaccines to residents in rural areas who could not access a mass vaccination site.
- Workforce: challenges remain in the education pipeline regarding effort to increase the number of new EMS providers. The mental health of the workforce was impacted by the pandemic and needs should be assessed and addressed.

NEMSIS Update

Eric Chaney, EMS Specialist, NHTSA OEMS

Mr. Chaney reported that NEMSIS continued to make progress on several projects during the pandemic (www.nemsis.org). These included:

- Working with the law firm Page, Wolfberg and Wirth to establish uniform Health Insurance Portability and Accountability Act (HIPAA) documents for EMS practitioners
- Providing a quick start guide for EMS organizations if they are planning to use body cameras

NEMSIS continues to traverse the version 3.5 timeline, which was pushed back 6 months due to COVID. Vendors have tested compliance with the 3.5 standards, and they are expecting the first states to come online at the end of 2021, with the rest to follow by mid- to late-2022.

Mr. Chaney also explained that they are working with the American College of Surgeons to establish a universally unique identification number (UUID) that will help link EMS records. They are currently drafting technical guidance for how to implement the UUID.

He reported on the current status of the electronic patient care reporting (ePCR) submission lag. Typically, it takes approximately 30 days to receive 75% of all records for any given day. NEMSIS examined state requirements regarding data submission and requirements range from 2 hours to 60 days which explains some of the delay.

ET3 is a model for payment reimbursement for ambulance service and is currently in a 5-year pilot program. The model requires participants to regularly submit data in addition to the Medicare claims information. NEMSIS is supporting the exchange of data with the goal of getting information to the Center for Medicare and Medicaid Innovation (CMMI) at the Centers for Medicare and Medicaid Services (CMS). Currently, they have over 4 million records to use for the control to test the model. They have brought on 170 agencies as of early June 2021 and are receiving 375,000 records each month as part of the pilot program. They are pleased with the success and working relationship so far and will continue to facilitate the expansion.

Mr. Chaney shared that they had an article published in the *Journal of the American Medical Association*. The article describes the concordance between cardiac arrest reported through EMS daily records and CDC provisional deaths (12-month delay) and noted that it is very high.

Two additional states and territories are now submitting NEMSIS version 3 data which brings the total to nearly all US states and territories. The 2020 NEMSIS Public-Release Research Dataset currently includes nearly 44 million EMS activations submitted by 12,319 EMS agencies which serve all 50 states and territories.

NEMSIS continues to support state EMS offices with training programs on state datasets and will hold a NEMSIS boot camp on July 13, 2021 to assist states in transitioning to NEMSIS version 3.5. The NEMSIS annual meeting will be held virtually on August 3-5, 2021.

Mr. Chaney shared that NEMSIS has provided COVID support and provided weekly data related to COVID cases, including the rate of influenza like illness (ILI) activations. As states have reopened following the pandemic, they are observing spikes in the rates of ILI. Interestingly, the number of ILI activations is below that of past years and he attributes that to the implementation of COVID precautions such as handwashing and masks. Unfortunately, the rate of opioid-related activations continues to be very high and mirrors other data sets of opioid-related events.

Scope of Practice Model Update

Gam Wijetunge, EMS Specialist, NHTSA OEMS

Mr. Wijetunge reported that NHTSA issued two change notices to the 2019 National EMS Scope of Practice Model (SOPM) on March 29, 2021:

- Intramuscular (IM) injection was added to the Emergency Medical Technician (EMT) scope of practice
- Immunization during a Public Health Emergency (PHE) was added at the EMT, Advanced EMT (AEMT) and Paramedic levels
- Nasal swab specimen collection was also added to all three levels

He provided an update on the EMS SOPM which was updated in February 2019. It promotes consistency of nomenclature and competencies among EMS clinicians and provides guidance for states in developing EMS scope of practice, legislation, rules, and regulations. Each state maintains the authority to regulate EMS within their borders and determine the scope of practice. This document is intended to make terminology more uniform and define minimum knowledge and psychomotor skills for EMS provider levels.

In March 2021, a rapid process panel convened to respond to 3 questions:

- Should IM immunizations be added to the EMT and EMT scope of practice levels?
- Should monoclonal antibody (MCA) infusions be added to AEMT and paramedic scope of practice levels?
- Should nasal swabbing specimen collection be added to EMT, EMT, AEMT and paramedic scope of practice?

The first two were added to the respective scopes of practice but the panel did not issue a recommendation on the administration of MCA infusions. The full update to the 2019 SOPM document is still pending and will be posted online by the end of June 2021 (www.ems.org).

National EMS Education Standards Update

Dave Bryson, EMS Specialist, NHTSA OEMS

Mr. Bryson reported that the final draft of the National EMS Education Standards update was submitted in April 2021 by the RedFlash Group and the National Association of EMS Educators. The document is currently undergoing internal review and final publication will await the changes to the SOPM so that any requisite education standards can be included. The plan is to deliver the final draft by the fall of 2021(www.ems.gov).

Federal EMS Operations Stakeholders (FEMSOS) Update

Jon Krohmer, MD, Director, NHTSA OEMS

Dr. Krohmer explained that an ad hoc group of federal agencies has existed for past few years and has been providing support to law enforcement agencies from a tactical and medical support perspective. Some federal agencies provide EMS services for federal employees and citizens (e.g., National Park Service, US Forest Service, etc.). The group is wondering if this group should become a sub-committee or group within FICEMS. In this capacity, the FICEMS structure could provide support, call meetings, and distribute information. Additionally, they could discuss EMS activities, issues related to protocols, quality improvement, education,

equipment standardization, and other things. Dr. Krohmer proposed that this consideration be discussed in more detail during the FICEMS executive session.

Technical Working Group Subcommittee Updates

Evidence-based Practice & Quality Group

Diane Pilkey, DHHS HRSA

Jon Krohmer, NHTSA OEMS

Mr. Wijetunge reported that this subgroup of the TWG has been focusing on objective 2.1 which is to support the development of evidence-based guidelines (EBGs) according to the National Prehospital EBG Model Process. He reported that they continue to develop prehospital pain management guidelines which should be completed by the end of 2021.

He also reported that they are developing a prehospital pain management EBG by the National Association of State EMS Officials which is being co-funded by NHTSA and HRSA EMS for Children. Work should be completed by the end of 2021.

HRSA EMS for Children program funds the Pediatric Emergency Care Applied Research Network (PCARN). They are currently implementing their first large scale prehospital study in 20 EMS systems across the country: the pediatric dose optimization for seizures in EMS study. It will measure the impact of standardized EMS midazolam dosing on seizure treatment effectiveness and safety, and it will assess whether standardized age-based dosing is safe and more effective than the current practice.

EMSC Innovation Improvement Center (EIIC) created a pediatric advocacy kit that includes evidence-based educational resources on status epilepticus for front line health care providers, including prehospital personnel. The kits include learning modules, podcasts, and simulations. The center is also working on one for agitated patients.

A systematic review was just published yesterday online in *Prehospital Emergency Care*. The publication was a multi-year project that systematically reviewed the peer reviewed literature on prehospital airway management.

DHS funded the First Aid for Severe Trauma (FAST) course developed by the National Center for Disaster Medicine and Public Health and the American Red Cross. FAST is a ‘Stop the Bleed’ course designed for high school students and offered at no charge. It will be available in an online instructor-led format and in a blended format. Both will launch in August 2021.

Dr. Krohmer applauded Diane’s activities of this working group during COVID.

EMS Data Standards and Exchange Group

Rachel Abbey, DHHS ONC

Eric Cheney, NHTSA OEMS

Mr. Chaney reported that the group has been working on the following FICEMS priorities:

- Objective 2.2: to promote standardization and quality improvement of prehospital EMS data by supporting the adoption and implementation of NEMSIS-compliant systems.
- Objective 2.4: to improve linkages between NEMSIS data and other databases, registries, or other sources to measures system effectiveness and improve clinical outcomes. This objective proved to be a challenge during COVID.
- Objective 4.1: to foster EMS participation in regional and state health information exchanges (HIE).

In January 2020, the National Security Council hosted the Data Integration Summit in Washington DC which included over 130 participants from around the country representing HIE, HIE organizations, hospitals, ePCR vendors, electronic health record vendors, and other healthcare data interest stakeholders.

A third-party report was created from the summit and they have taken several recommendations and acted upon them.

1. Data Sharing. Effective data sharing presents many legal and technical barriers. They discussed the many misconceptions about HIPAA rules and what hospitals can share with EMS. As a result, they created 2 HIPAA documents to guide what information may be shared with EMS personnel: one for the hospital HIPAA coordinator, and one for hospital general counsel.

2. Standards. Multiple families of standards exist and continue to evolve to serve unique purposes (e.g., NEMSIS, Health Level Seven International [HL7], Fast Healthcare Interoperability Resources [FHIR], etc.). They have been working on a contract to take the NEMSIS data and create an HL7 and FHIR version that can be distributed to ambulance service companies, so they do not have to create the same thing themselves. The process should be completed by the end of 2021 and ready for distribution by March 2022.

3. Incentivizing change. It became clear that there is a need to change the mindset that EMS personnel do not need medical data back from hospitals. Mr. Chaney shared that they have put a legal team together to draft a document establishing the open flow of necessary medical information.

He also explained that they are working on linking reimbursement systems that use integrated data (ET3). They are working with HHS to link Medicaid and NEMSIS data so they can examine outcomes. Five states will begin that process over the next year and one goal is to assess if what EMS did resulted in a positive outcome or if the outcome that was expected based on the payment mode.

Patient matching is a pre-requisite for many data-integration goals and the UUID will address this and meets the current needs expressed at the data summit.

Mr. Chaney also shared that they are working towards a universal EMS provider ID at a national level to streamline data exchange.

EMS Systems Integration Group

Theresa Morrison-Quinata, DHHS HRSA

Gam Wijetunge, NHTSA OEMS

Mr. Wijetunge reported that the group has focused on objective 3.3:

- To improve EMS system preparedness for all hazards, including pandemic influenza, through support of a coordinated multidisciplinary planning for all disasters.

COVID has profoundly illustrated the importance of integration between emergency management, public health, and other health systems. Therefore, this subgroup of the TWG Subcommittee is requesting approval from FICEMS to change the name to the EMS Systems Integration and Preparedness Group.

Safety, Education and Workforce Group

Jennifer Marshall, DOC NIST

Dave Bryson, NHTSA OEMS

Ms. Marshall reported that they have been focused on equipment and ambulance safety. They have been examining ambulance standards and ways to improve air filtration in ambulances. Upon approval of the updated FICEMS strategic plan, the group plans to work more closely with the EMS safety council.

2:55-3:05 Break – 10 minutes

NEMSAC Update

Clary Mole, NHTSA OEMS

Mr. Mole reported that NEMSAC was established in 2007 as a council of subject matter experts in EMS. Congress established NEMSAC in 2012 as a formal federal advisory committee, NHTSA's only advisory committee. The NEMSAC charter was renewed in May 2021 and its membership includes 25 sectors of EMS. Fifteen new appointments are needed in 2021 and they expect confirmation by the Secretary of Transportation, Mr. Pete Buttigieg, in the next several weeks.

In 2021, NEMSAC provided 2 advisories: one regarding EMS resource allocation and distribution during disasters and another addressing patient elopement during EMS transport. Additionally, they provided a letter to the Secretary Buttigieg regarding safe transport of children in ambulances.

ET3 Model Updates

Alexis Lily, CMMI, CMS, DHHS

Brenda Staffan, CMMI, CMS, DHHS

Ms. Lily explained that the ET3 Model is a voluntary, five-year payment model that provides greater flexibility to ambulance care teams to address the emergency health care needs of Medicare Fee-For-Service (FFS) beneficiaries following a 911 call. The ET3 Model aims to

reduce expenditures and preserve or enhance the quality of care. Historically, Medicare has only paid for ambulance services when transport is to an ED. The goal of ET3 is to realign incentives. The ET3 model started in January 2021, and currently 184 ambulance suppliers from 36 states that serve rural and urban areas are participating. The ET3 model allows a qualified health care partner or downstream practitioner to provide treatment in place either on site or via telehealth. The model also permits ambulances to transport to alternative destinations (e.g., urgent care, mental health facility, etc.) if that best meets the patient's needs.

Telemedicine Framework for EMS

Marc Sigrist, Energetics, NHTSA, OEMS

Mr. Sigrist explained that the telemedicine framework for EMS and 911 organizations provides analytic and strategic support from FICEMS and NHTSA. The project evolved out of the increased need for expanded access of telemedicine across the healthcare spectrum. The purpose is to help EMS organizations apply telemedicine in the out-of-hospital environment, and to facilitate providing the right care, at the right place, and at the right time. The project provides a resource document for EMS and 911 organizations to get started and is available on the website. (www.ems.gov). The document provides a check list for organizations who wish to develop a telemedicine program.

FICEMS Strategic Plan

Marc Sigrist, Energetics, NHTSA, OEMS

Mr. Sigrist reported that the FICEMS Strategic Plan TWG developed a new strategic plan to guide FICEMS in its activities for the next 5 years (2021-2025). It was built on the 2019 Strategic Plan White Paper. It includes the updated vision for FICEMS and defines goals and objectives moving forward. The new plan aligns with the overarching, original purposes of FICEMS (www.ems.gov).

Public Comment

Questions were submitted by the public and also via the online chat box. Dr. Krohmer read each question and directed it to the most appropriate member for response.

A question was submitted via email, expressing concern about the EMS workforce shortage and what is being done to address it. Dr. Krohmer said that FICEMS is very aware that this is a critical issue and a big project. The OEMS and other federal partners are working on it and summarizing feedback from community stakeholder organizations and the NEMSAC advisory a couple of years ago. National Registry workforce numbers reflect certified EMS Practitioners but do not accurately include the number of individuals who are state licensed and actively practicing as EMS practitioners. Additionally, some may have an EMS license but are not currently working in a clinical capacity, while others may be working part-time or working at multiple agencies. We would like to approach this as the global workforce issue that it is and find the best ways to attack it.

A comment submitted into the online chat thanked the federal agencies for supporting EMS during COVID but cautioned that the pandemic response is not over. It is critical to examine lessons learned, best practices, and the things that need improvement.

Federal Funding Opportunities

Ms. Morrison-Quinata provided information about the Regional Pediatric Pandemic Network program. The purpose of the program is to coordinate the nation's children's hospitals so that they are better prepared to respond to global health threats. The Network will consist of five children's hospitals in geographically diverse areas across the US. The program will work with the nation's pediatric experts to strengthen networks among local, state and federal resources to address the needs of all children. One award of up to \$10 million is available. The application deadline is July 8, 2021 and is open to all children's hospitals.

She also reported on a second opportunity. The purpose of the EMS for Children State Partnership Rural Expansion Supplement project is to improve and expand EMS systems for children to ensure age-appropriate, high-quality care during the COVID-19 pandemic in rural, remote, and/or tribal areas. The goals are to increase the number of hospitals in underrepresented areas and the number of pediatric emergency care coordinators in rural, remote, and/or tribal EMS agencies. Eligible applicants are current recipients of an initial award under the HRSA-18-063 EMSC State Partnership Program. HRSA intends to grant up to 5 awards, up to \$200,000.

Mr. Patrick wanted to provide information about several other EMS funding opportunities for reimbursement on disaster preparedness.

- CMS waiver is available for COVID response for resources for fire and EMS (www.ems.gov)
- For tracking, documenting and obtaining reimbursement for the COVID response matters and other disaster response (www.fema.gov).
- Other grant opportunities are available on www.fema.gov, www.dhs.gov, and www.usfa.fema.gov

No additional comments or questions from the public were submitted.

Dr. Krohmer thanked all of the interagency partners for their participation in the meeting and for all that has been done over the past year to keep the project work going despite the COVID pandemic.

Dr. Gandhi also thanked everyone for their work in maintaining our EMS and 911 services over the past year.

Adjournment

A motion carried to adjourn the meeting at 3:56 p.m. ET.